

1.) CORPORATION NAME:

CAPE HENRY TOWERS COUNCIL OF CO-OWNERS, INC.

DUE DATE: **8/31/2011**

SCC ID NO: **06984140**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

DEBORAH M CASEY

101 W MAIN ST STE 500

NORFOLK, VA 23510

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O 3288 PAGE AVE #210

CITY/ST/ZIP: VIRGINIA BEACH, VA 23451-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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|-----------------|---------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: | ROBERT J MATTAUCH | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: | PRESIDENT | | | | |
| ADDRESS: | 3288 PAGE AVENUE #710 | | | | |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23451- | | | | |

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|-----------------|---------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: | RICHARD QUARTUCCI | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: | TREASURER | | | | |
| ADDRESS: | 3288 PAGE AVE #1005 | | | | |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23451- | | | | |

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|-----------------|---------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: | WILLIAM LAWRENCE JONES | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: | DIRECTOR | | | | |
| ADDRESS: | 3288 PAGE AVE, #1010 | | | | |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23451- | | | | |

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|-----------------|---------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: | WYNNE OZ | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: | DIRECTOR | | | | |
| ADDRESS: | 3288 PAGE AVE, #1502 | | | | |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23451- | | | | |

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|-----------------|-------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: | HARRY POLAY | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: | VICE PRESIDENT | | | | |
| ADDRESS: | 3288 PAGE AVENUE UNIT 1509 | | | | |
| CITY/ST/ZIP/CO: | VIRGINIA BEACH, VA 23451- | | | | |

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| NAME: ELLEN TURMAN TITLE: SECRETARY ADDRESS: 3288 PAGE AVE #513 CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23451- | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: LARRY LAWRENCE TITLE: DIRECTOR ADDRESS: 3288 PAGE AVENUE UNIT 1503 CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23451- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
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| <u>/s/ ROBERT J MATTAUCH</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | <u>ROBERT J MATTAUCH,</u> PRESIDENT PRINTED NAME AND CORPORATE TITLE | <u>9/22/2011</u> DATE |
|---|--|--------------------------|

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.